



Sarasota County
Community Health Improvement Plan
October 2020 - September 2025

<u>Contents</u>	<u>Pgs.</u>
Introduction.....	2-4
Moving from Assessment to Planning: What is the CHIP?.....	2
How to Use the Community Health Improvement Plan.....	3
MAPP Phases 1-6.....	5
Summary of Community Health Assessment.....	6-8
Primary Data.....	6
Secondary Data	7
Forces of Change.....	7
Community Health Assessment Highlights.....	7
CHIP Methods.....	9-11
Community Engagement.....	9
Visioning.....	9
Setting Priority Health Issues.....	10
Development of Goals, Strategies, and Objectives.....	12-16
Priority Health Issues.....	13
Mental Health.....	14
Access to Care.....	15
Environmental Health.....	16
Contributing Partners.....	17
Appendix A: Action Plans.....	18-26
Priority Health Issue: Mental Health.....	18
Priority Health Issue: Access to Care.....	21
Priority Health Issue: Environmental Health.....	25
Appendix B: Revisions	

Introduction

Background

The Florida Department of Health in Sarasota County (DOH-Sarasota) completed a Community Health Assessment (CHA) in 2019 to better understand and analyze the health of the county and its residents. The CHA is a compilation of community input and survey data designed to measure the health of residents, while identifying key needs and disparities through comprehensive systematic data collection and analysis. Three core functions define the purpose of public health: assessment, policy development and assurance. CHAs provide information for problem and asset identification and policy formulation, implementation, and evaluation while also helping to measure how well a public health system is fulfilling its assurances.

Utilizing this community-wide approach to identify health priorities and actions allows for process transparency as well as the inclusion of data based on individual and collective perceptions from those in the community, giving everybody a voice in the decision-making process. This approach is the hallmark for the Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA), leading to richer insights that can be used to inform more effective public health initiatives.

Building off the results from previous years, the 2019 CHA was developed through use of secondary data and primary data collected from around 700 Sarasota residents. During this process, DOH-Sarasota and community partners representing more multiple sectors of the local public health system came together to discuss the county's definition a healthy community, while identifying priority health areas to address. These organizations were able to assess the 10 Essential Public Health services including themes, strengths, and forces of change that affect Sarasota and the local public health system. Through these meetings a consensus was reached that the main health priorities for Sarasota County should focus on access to care, behavioral health and the built environment, while considering health equity and leveraging partnerships. This sets the framework that will guide the strategies of the CHIP and aid in the continual process of achieving a healthier status for the community.

Moving from Assessment to Planning: What is the CHIP?

A community health improvement process uses the CHA data to identify priority health issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are then outlined in the form of a community health improvement plan (CHIP). The CHIP is a systemic plan connecting assessment and action, defining how DOH-Sarasota and partnering community organizations will address the public health problems and health inequities within Sarasota County.

The goals, objectives, and strategies within the CHIP are determined by the Community Health Improvement Plan Leadership Council and through discussion with the four Community Health Action Teams (CHAT) along with assigning organizational accountability to ensure progress towards the objectives and goals. Although a variety of tools and processes may be used to implement the CHIP, the fundamental pieces are community engagement and collaborative participation.

How to Use the Community Health Improvement Plan

Public health is based on a preventative approach instead of starting when treatment is needed. The CHIP is meant to be used as a tool that works towards collaboration of partners in reaching a common vision of health improvement through promoting awareness and engagement for organizations. By engaging partners we can react through preventative activities, providing education, and offering services that influence healthier behaviors while connecting residents to the resources across the community in an unified message.

We all play an important role in community health improvement. Below are some simple ways that each of us can use this plan to improve health across Sarasota County:

Community Residents

- Understand priority health issues within the community & use this plan to improve the health of your community.
- Start a conversation with community leaders about health issues important to you using information from this plan.
- Get involved! Volunteer your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed in this plan.

Faith-based Organizations

- Understand priority health issues within the community & talk with members about the importance of overall wellness (mind, body & spirit) & local community health improvement initiatives that support wellness.
- Identify opportunities that your organization or individual members may be able to support & encourage participation (i.e. food pantry initiatives, community gardens, youth groups geared around health priorities, etc.)

Health Care Professionals

- Understand priority health issues within the community & use this plan to remove barriers and create solutions for identified health priorities.
- Share information from this plan with your colleagues, staff & patients.
- Offer your time & expertise to local improvement efforts (committee member, content resource, etc.)

- Offer your patients relevant counseling, education and other preventive services in alignment with identified health needs of the community.

Educators

- Understand priority health issues within the community. Use this plan and recommend resources to integrate topics of health and health factors (i.e. access to health food, physical activity, risk-behaviors, use of the health care system, etc.) into lesson plans across all subject areas such as math, science, social studies & history.
- Create a healthier school environment by aligning this plan with school wellness plans/policies.
- Engage the support of leadership, teachers, parents & students.

Government Officials

- Understand priority health issues within the community.
- Identify the barriers to good health in your communities and mobilize community leaders to act by investing in programs and policy changes that help members of our community lead healthier lives.

Employers

- Understand priority health issues within the community. Use this plan and recommend resources to help make your business a healthy place to work!
- Educate your team about the link between employee health & productivity.

State and Local Public Health Professionals

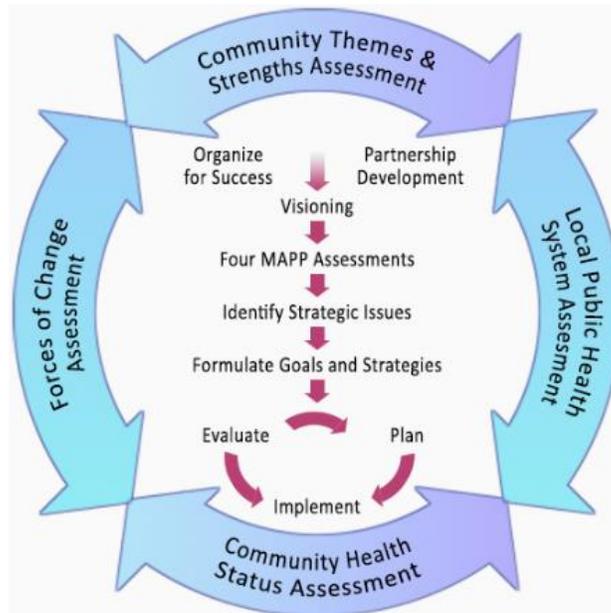
- Understand priority health issues within the community & use this plan to improve the health of this community.
- Understand how the Sarasota County community, & populations within the county, compare with peer counties, Florida & the U.S. population.

Mobilizing for Action through Planning and Partnerships (MAPP)

Phases 1 – 6

The Florida Department of Health in Sarasota County (DOH-Sarasota) completed the 2019 Sarasota County Community Health Assessment to better understand the health of the county and its residents. DOH-Sarasota utilized the MAPP to guide the community health assessment. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The MAPP process consists of six phases: organize for success/partnership development, visioning, assessments, identify strategic issues, formulate goals and strategies, and action. Information gathered during the MAPP process will be used to update the Community Health Improvement Plan (CHIP).

- ✓ Phases one and two are comprised of visioning, organizing, and partner development.
- ✓ Phase three is the assessment phase, encompassing four distinct assessments (Community Themes & Strengths, Local Public Health System, Community Health Status, and Forces of Change).
- ✓ Phase four identifies strategic issues by converging the results of the assessments in phase three.
- ✓ Phase five is for formulating goals and strategies to address the issues and achieving goals of the community's vision.
- ✓ Phase six is the action cycle and links planning, implementation and evaluation by building upon each activity in a continuous and interactive manner.



Even though the MAPP process is iterative, the framework is flexible and can be tailored to fit the needs of the community.

Summary of Community Health Assessment

Sarasota County used primary and secondary data as part of the CHA. The assessment took into account health factors such as the environment, social and economic status, disease incidence, disability, behavioral health, healthy weight, and access to care. The findings from this assessment were used to identify the priority areas of the CHIP. The most recent CHA and CHIP build upon priorities identified in previous versions. Additionally, the 2019 CHA was developed to supplement data collected in 2016 CHNAs from local non-profit hospitals. These data, conducted as a requirement by the Internal Revenue Service in response to the Patient Protection and Affordable Care Act enacted in 2010, integrates the work of public health and health care agencies to work towards a common goal.

The National Associations of County and City Health Official's (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) helped to guide the CHA planning and implementation process. The four key MAPP assessments used throughout this process include:

1. Community Health Status Assessment
2. Community Themes and Strength Assessments
3. Forces of Change Assessment
4. Local Public Health System Assessment

Primary Data

In Sarasota County there were three different community surveys to gain a wide range of input from community members.

The CASPER Survey is a statistically significant methodology with thirty randomly selected census tracts for completion of resident surveys electronically, by mail, or in person. Four sections including demographics, general health, quality of life, and health care access made up the survey also including National Council on Aging (NCOA) questions as well as community interests and perceptions for a health community were included. In total 168 responses were received through mail and in person interviews, which makes the sample statistically valid according to methodology.

An Age Friendly Survey was designed through partnerships with The Patterson Foundation and NCOA, using AARP and NCOA questions. The Patterson Foundation shared the survey electronically with Age Friendly Advocates and surveyed residents at various locations. There were 437 responses collected of which 319 responses were completed by those aged 50 and older.

A Maternal Child Health (MCH) Survey containing Pregnancy Risk Assessment Monitoring (PRAM) questions including demographics, risk factors, experiences and behaviors during and shortly after pregnancy was used to allow for state and national comparison. In April and May of 2019 there was 100 surveys completed during Community Baby Showers organized by Healthy Start Coalition and its partners.

Focus Groups and community Dialogue were facilitated in January and February 2019. In total, nine meetings at seven locations took place at demographically diverse locations throughout Sarasota County. There were 54 participants engaged in discussions on topics including aging, environmental health, health equity, and LGBT+ issues.

Secondary Data

Existing, or secondary, data was extracted primarily from Florida CHARTS with more than ten categories reviewed including demographics, socioeconomics, health resources, health behaviors, environmental health, social and mental health, injuries, maternal and child health, infectious disease, and death.

Forces of Change (FoC)

This assessment is intended to identify trends (patterns over time); factors (discrete elements specific to a community); or events (one-time occurrences) that are or will be influencing the health and quality of life of the community, and the work of the local public health system. It is designed to create a comprehensive but focused list that identifies the key forces and describes their impacts. The assessment answers the following:

What trends, factors and/or events affect the health of the people in the United States, in the State of Florida, and in Sarasota County?

During April and May of 2019, the FoC Assessment was completed by the CHIP Leadership Council and staff of Sarasota County Health and Human Services, with 46 responses received. For each one of the questions there was space to describe separate trends, factors and events, with a brief definition of each one.

Community Health Assessment Highlights

Mental Health: The suicide rate in Sarasota is higher than the state, with 71% of suicides in Sarasota County being in adults more than 50 years old. More than 49% of CASPER respondents think depression is somewhat a problem or a large problem.

Substance Use and Abuse: The rate of drug related deaths for Sarasota County residents aged 25-64 continued to be worse than the state in 2018. Binge drinking among older residents in Sarasota County is higher than the state at 12.9% vs 8.7%.

Chronic Disease: Sarasota County has a higher percentage of adults that are overweight at 38% versus the state at 36%.

Communicable Disease: Sarasota is doing better than the state in rates of chlamydia, gonorrhea, syphilis, and HIV, but the county continues to see an increase in the rate of chlamydia, gonorrhea, and syphilis.

Injury and Violence: Sarasota has higher rates of non-fatal emergency department

visits and hospitalizations due to falls than the state at 2410.45 per 100,000 versus 2404.63 per 100,000.

Access to Care: A significant relationship was found between income and insurance, with those who make less than \$25,000 a year being less likely to have seen a doctor in the past year due to cost.

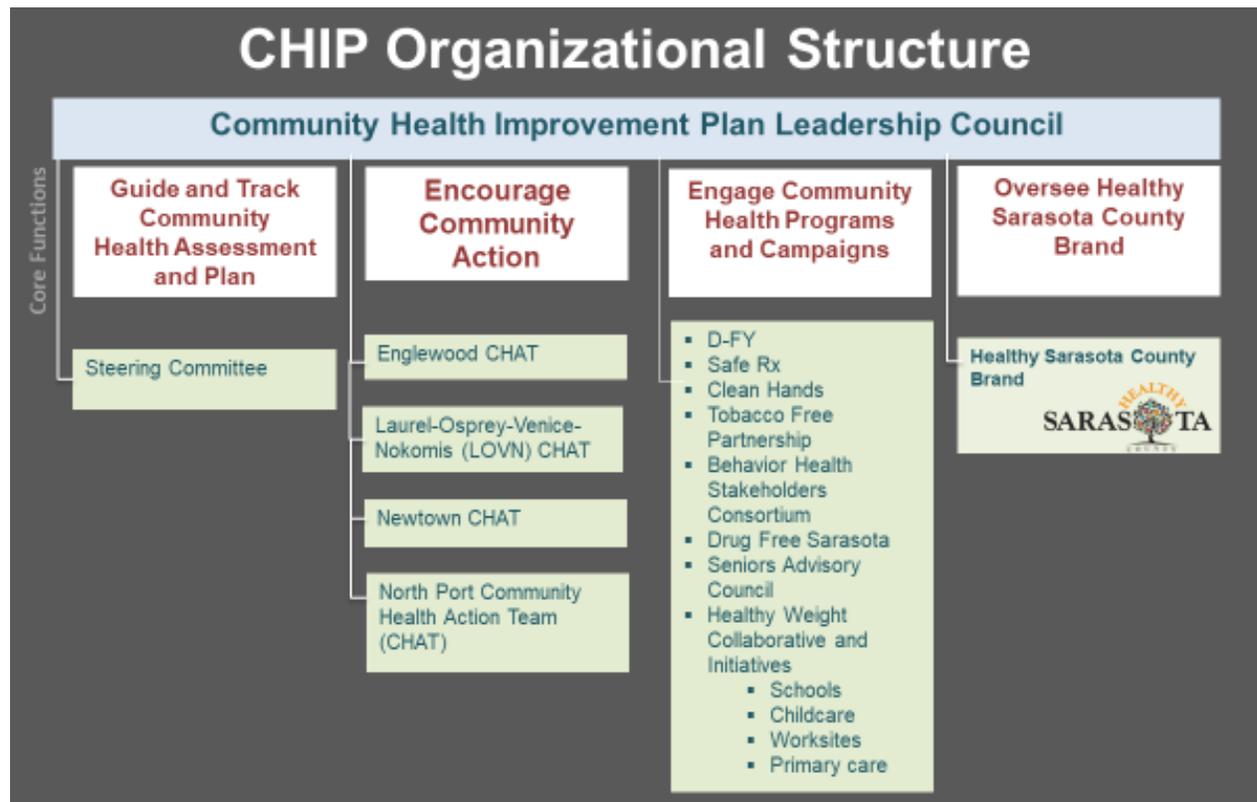
Built Environment: The rate for emergency room visits due to asthma in Sarasota County is over 5 times higher for black residents at 1229.8 per 100,000 versus white residents at 241.4 per 100,000.

CHIP Methods

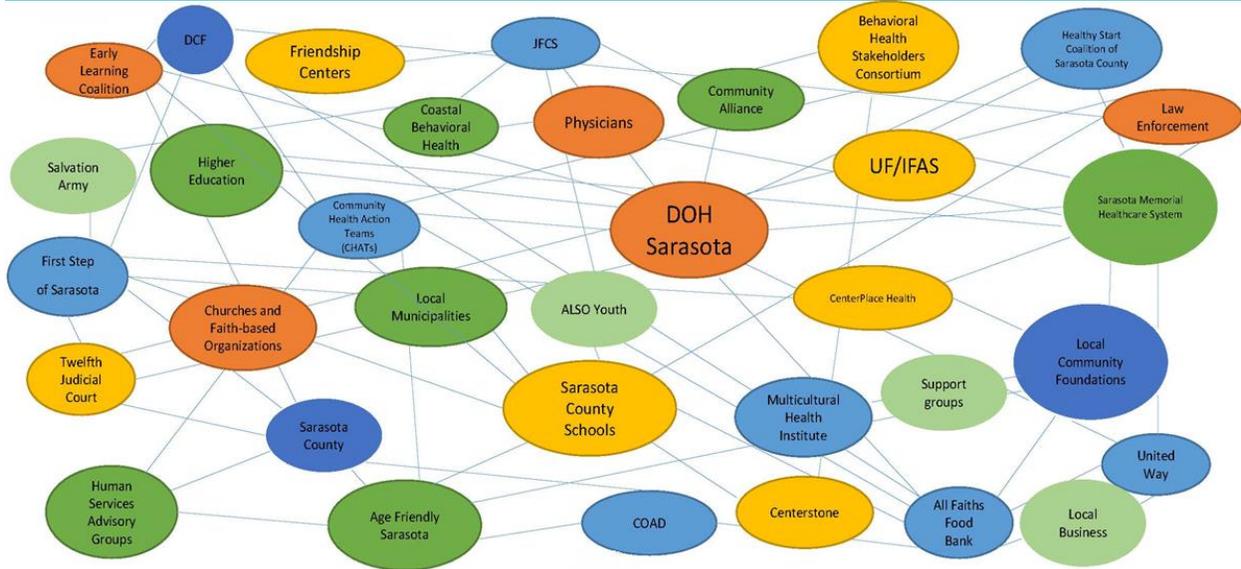
Community Engagement

Community engagement is essential to creating a Community Health Improvement Plan (CHIP) that ensures continuous, effective solutions. In 2019, community partners and members convened to identify health issues to be prioritized for the 2020 CHIP. During this time, participants listed existing collaboratives and resources to be considered and leveraged in implementing the CHIP and addressing health in the community.

Using existing public and private partnerships, a diverse group of community partners collaborated and gathered for the CHIP Leadership Council and Community Health Action Teams (CHATs). Sectors represented in these groups include local hospitals and health care organizations, local government, community-based organizations, social service organizations, and schools, all working to develop and implement the 2020 CHIP.



OH-Sarasota County Partners



Visioning

The purpose of the vision statement is to provide focus and direction for community health improvement planning while also encouraging participation to collectively achieve a shared image of the future. Community partners and community members representing every zip code responded to a survey about the vision for a healthy community. Below is the vision developed based on that feedback.

The community members and partners of Sarasota County envision a healthy community as a responsive, equitable, sustainable society, promoting access to healthcare, social inclusion, intergenerational respect, and environmental awareness through cooperative efforts that respond to current and future public health challenges to protect the well-being of all residents and visitors.

Setting Health Priority Areas

The public health system must first help identify the most relevant, critical, and emerging needs, and then prioritize actions for implementation to be effective and direct the work that needs done in communities. Prioritization uses an objective rational approach to identify those problems that a community can address, based on an assessment of health status and the forces of change surrounding those indicators.

Through facilitated conversation, communities should use the Objective, Reflective, Interpretive, Decisional (ORID) method. In October 2019, the CHIP Leadership Council convened to accomplish this. The group was provided an overview of the Community Health Assessment to date and participated in a process to understand strategic issues

and begin the discussion to formulate strategies and goals around each. Through facilitated discussion, various strategies to address the identified strategic issues were compiled by the CHIP Leadership Council.

The group concluded that mental health, access to care, and the built environment should be recognized as the main health priorities, and that a health improvement plan should consider health equity and leverage partnerships to achieve results. Based on these recommendations, the CHIP moved forward with three health priority issues.



Health disparities were also identified to play a significant role in health outcomes. Work across the priorities will include health equity measures aimed at addressing social determinants of health (SDOH) that drive health inequities. Health equity is when everyone has a fair and just opportunity to be healthy and reach their full potential. Social determinants of health are the conditions under which people are born, grow, live, work, and age and are shaped by social, built, and economic environments. You will find health equity intertwined within the three priority areas as a means of addressing the root causes of health outcomes. Finally, partnerships are leveraged for implementation of the CHIP through the CHATs and the CHIP Leadership Council.

Development and Tracking of Goals, Strategies, and Objectives

Once the CHA was completed and priority health areas were identified, work teams were convened for each of the three health priority areas. Community members and stakeholders were invited to participate in the meeting and select work teams based on their expertise. The CHIP Leadership Council and CHAT members met and communicated to develop Goals, Strategies, Objectives and an Action Plan for implementation of the CHIP. Work team members at DOH-Sarasota used feedback and available data to identify potential goals and objectives for each priority health area, aligning with national, state and local plans. These potential goals and objectives were presented to the CHIP Leadership Council, where they were asked for any revisions and to identify strategies that their organizations are utilizing that would help meet goals and objectives.

Members indicated available resources and discussed how these resources may be used to achieve CHIP goals and objectives. Finally, members worked on action planning for each health priority area, including development of activities and selection of timeframes, coordinating agency, partner agencies and process measures for monitoring and evaluation. The coordinating and partner agencies will be responsible for keeping the CHIP Leadership Council updated of progress and any needs when implementing the action plans to meet objectives.

Qualitative and quantitative data from the CHA informed members of the CHIP Leadership Council of key strategic health issues which guided the formation of the CHIP goals and strategies toward improved community health. Each year the CHIP Leadership Council reviews the CHIP, progress in each area, and revises objectives and indicators as necessary to reflect the community needs.

Over the next five years, DOH-Sarasota and the CHIP Leadership Council will lead Sarasota County in implementation of the Community Health Improvement Plan. These efforts will be evaluated annually and updated as necessary to align with community resources, activities and partnership.

Alignment

Findings from the four MAPP assessments that make up the Community Health Assessment (CHA) led to the identification 3 priority health issues that form the Sarasota County Community Health Improvement Plan (CHIP). By addressing these public health concerns, we hope to improve the overall health outcomes for the residents of Sarasota County.

The goals and objectives of the Sarasota County CHIP have been aligned with the Florida State Health Improvement Plan (SHIP) 2017-2021 and Healthy People 2020. Below is an overview of how Sarasota CHIP priorities align with state and national health improvement priorities:

Priority and Sub Area	Goals
<p>MENTAL HEALTH</p>  <ul style="list-style-type: none"> Alcohol Use and Abuse Suicide Drug & Substance Use and Abuse 	<ul style="list-style-type: none"> 1) <i>Decrease substance abuse rates for adults and youth</i> 2) <i>Increase community capacity to address mental health issues in adults and youth</i>
<p>Access to Care</p>  <ul style="list-style-type: none"> Prevention Intervention Navigation 	<ul style="list-style-type: none"> 1) <i>Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all</i> 2) <i>Increase access to and utilization of quality healthcare</i> 3) <i>Increase percentage of residents who are at a healthy weight</i>
<p>Environmental Health</p>  <ul style="list-style-type: none"> Water Quality Air Quality Built Environment 	<ul style="list-style-type: none"> 1) <i>Increase quality of natural and built environments to promote health outcomes</i>

Mental Health



Mental health has a powerful effect on the health of individuals, families and communities. The misuse of alcohol, prescribed and illicit drugs, and tobacco also affects the health and well-being of millions of Americans. Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is important for quality and length of life.

<p>MH Goal 1: <i>Decrease substance abuse rates for adults and youth</i></p>	<p>MH Objective 1.1: Older adults that drink: Decrease the percent of adults aged 65 and over that engage in heavy or binge drinking from 12.9% (2016) to 9.9% by September 2025</p> <p>MH Objective 1.2: Youth that drink alcohol: Decrease the percent of youth in middle and high school who report using alcohol in the past 30 days from 19.3% (2018) to 16.3% by September 2025</p> <p>MH Objective 1.3: Drug abuse rates and/or overdose: Decrease the number of overdose deaths related to opioids and other drug abuse from 97 (2018) to 87 by September 2025</p> <p>MH Objective 1.4: Neonatal Abstinence Syndrome: Decrease the number of infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother’s pregnancy from 43% (2018) to 37% by September 2025</p> <p>MH Objective 1.5: Teen vape/tobacco: Decrease the percent of middle and high school youth who report using e-cigarettes on one or more days in the past 30 days from 22% (2018) to 19% by September 2025</p>
<p>Alignment: FL SHIP Goals BH1 & BH2; Healthy People 2020 SA2, SA14, IVP9, MICH11, TU2, TU3</p>	
<p>MH Goal 2: <i>Increase community capacity to address mental health issues in adults and youth</i></p>	<p>MH Objective 2.1: Suicide rates for older adults: Reduce the number of suicides in adults 50 and over from 74% (2018) to 70% by September 2025</p> <p>MH Objective 2.2: Mental health screening: Increase the number of providers offering universal mental health screening by 10% by September 2025, from baseline established by September 2021.</p>
<p>Alignment: FL SHIP Goals BH4; Health People 2020 IVP9, MHMD1, MHMD11, MHMD6</p>	

Access to Care



Access to care impacts the overall physical, social, and mental health status and quality of life. Disparities in access are often directly linked to disparities in health outcomes between race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and neighborhood. Barriers to care prevent problems that could have been caught early and can result in life-threatening situations that require immediate attention.

<p>AC Goal 1: <i>Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all</i></p>	<p>AC Objective 1.1: By September 2021, form baseline of the number of agencies identified and trained in social determinants of health/health equity and increase by 25% by September 2025</p> <p>AC Objective 1.2: By September 2025, increase the number of agencies that agree to consider health equity in policies through formalized processes by 3 from baseline to be established by September 2021</p> <p>AC Objective 1.3: Increase the number of agencies that serve as Department of Family and Children community partners by 15 by September 2025</p>
<p>Alignment: FL SHIP HE1, HE2; Healthy People 2020 MHMD9</p>	

<p>AC Goal 2: <i>Increase access to and utilization of quality healthcare</i></p>	<p>AC Objective 2.1: Childhood immunization rates: Increase the immunization levels in kindergarten students from 89.9% (2019) to 92% by September 2025</p> <p>AC Objective 2.2: Navigation – Information and referral: By September 2025, decrease the percent of community members who identify navigating care and resources as a barrier to prenatal care by 3% from baseline to be established by September 2021</p> <p>AC Objective 2.3: Falls prevention: Decrease the number of emergency department visits due to falls in adults 65 and over by 5% from 6,645 in 2018 to 6,313 by September 2025</p> <p>AC Objective 2.4: Dental cleanings: Increase the percent of adults ages 18-44 who visited a dentist or dental clinic in the past year from 45.7% (2016) to 47% by September 2025</p> <p>AC Objective 2.5: Assist with access barriers: Decrease the percent of employed adults ages 19-64 who have no health insurance from 19.5% (2018) to 17.7% by September 2025</p>
<p>Alignment: FL SHIP MCH2, ISV1, HE3, IM2; Healthy People 2020 IID8, IVP23, OH11, AHS 3</p>	

<p>AC Goal 3: <i>Increase percentage of residents who are at a healthy weight</i></p>	<p>AC Objective 3.1: Healthy nutrition and physical activity: Decrease the percentage of adults who are overweight or obese from 58.5% (2016) to 55% by September 2025</p> <p>AC Objective 3.2: Healthy nutrition and physical activity: Increase the percentage of children at a healthy weight from 62% (2018) to 65% by September 2025</p>
<p>Alignment: FL SHIP HW1, HW2; Healthy People 2020 NWS8, NWS9, NWS10, NWS11</p>	

Environmental Health



We interact with the environment constantly affecting quality and length of life and health disparities. Environmental health must address social and built environmental factors to maintain a healthy environment

<p>EH Goal 1: <i>Increase quality of natural and built environments to promote health outcomes</i></p>	<p>EH Objective 1.1: Health Impact Assessment: Community planning and land use design; walking, biking, public transportation will incorporate a Health Impact Assessment on at least 3 plans, policies, programs, projects, or proposals by June 2025</p> <p>EH Objective 1.2: Safe, quality, affordable housing (costs 30%+ of income & homelessness): Decrease the percentage of households that are paying 30% or more of income on housing from 53.6% (2019 ACS) to 51% by September 2025</p> <p>EH Objective 1.3: Transportation: By June 2025, decrease the percent of residents who identify transportation as a barrier in Sarasota County by 5% from baseline to be established by September 2021.</p> <p>EH Objective 1.4: Asthma: Decrease the number of emergency room visits due to asthma for Black residents in Sarasota County by 5% going from 238 (2018) to 226 by September 2025</p>
<p>Alignment: FL SHIP CD1, HE3; Healthy People 2020 SDOH4, RD3</p>	

As we move forward, plans to address COVID-19 are addressed through our actions completed in reaching our objectives. New objectives may be identified specifically related to COVID-19 as we move forward with implementing the Community Health Improvement Plan, as we know it has a role in impacting the health of the community.

CONTRIBUTING PARTNERS

All Faiths Food Bank, Inc.

CenterPlace Health, Inc.

Centerstone, Inc.

Charles and Margery Barancik
Foundation

City of North Port, Florida

Coastal Behavioral Healthcare, Inc.

Community Foundation of Sarasota
County, Inc.

Community Health Improvement
Partnership (CHIP)

Early Learning Coalition of Sarasota
County

First Step of Sarasota, Inc.

Florida Department of Children and
Families

Florida State University—College of
Medicine

Friendship Centers, Inc.

Gulf Coast Community Foundation, Inc.

GulfCoast South Area Health Education
Center (AHEC)

Healthy Start Coalition of Sarasota
County, Inc.

Jewish Family and Children Service of
the Suncoast, Inc.

Multicultural Health Institute, Inc.

The Patterson Foundation

The Salvation Army—Sarasota Area
Command

Sarasota County Government

Sarasota County Schools

Sarasota Memorial Health Care System

Town of Longboat Key, Florida

University of Florida, IFAS Extension

University of South Florida

Appendix A: Action Plans

Priority Health Issue: Mental Health		
MH Goal 1: Decrease substance abuse rates for adults and youth		
MH Objective 1.1: Decrease the percent of adults aged 65 and over that engage in heavy or binge drinking from 12.9% (2016) to 9.9% by September 2025		
Partner Agencies: Friendship Centers, Agency on Aging, First Step of Sarasota, Centerstone, JFCS, Area Chambers of Commerce		
Data Source: http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=10&cid=2		
Activity	Measure	Coordinating Agency

Priority Health Issue: Mental Health		
MH Goal 1: Decrease substance abuse rates for adults and youth		
MH Objective 1.2: Decrease the percent of youth in middle and high school who report using alcohol in the past 30 days from 19.3% (2018) to 16.3% by September 2025		
Partner Agencies: Drug Free Sarasota, Englewood Community Coalition, North Port Drug Free Youth, Sarasota County Schools, Area Law Enforcement		
Data Source: https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2018/county-ppt.shtml		
Activity	Measure	Coordinating Agency

Priority Health Issue: Mental Health		
MH Goal 1: Decrease substance abuse rates for adults and youth		
MH Objective 1.3: Decrease the number of overdose deaths related to opioids and other drug abuse from 97 (2018) to 87 by September 2025		
Partner Agencies: Drug Free Sarasota, First Step of Sarasota, Area Law Enforcement, North Port Drug Free Youth, JFCS, Salvation Army, Sarasota Memorial Healthcare System, Behavioral Health Stakeholders Consortium		
Data Source: http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=9869		
Activity	Measure	Coordinating Agency

Priority Health Issue: Mental Health		
MH Goal 1: Decrease substance abuse rates for adults and youth		
MH Objective 1.4: Decrease the number of infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother's pregnancy from 43% (2018) to 37% by September 2025		
Partner Agencies: First Step of Sarasota, Healthy Start Coalition, Sarasota Memorial Hospital, Ob/Gyns		
Data Source: http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard		
Activity	Measure	Coordinating Agency

Priority Health Issue: Mental Health		
MH Goal 1: Decrease substance abuse rates for adults and youth		
MH Objective 1.5: Decrease the percent of middle and high school youth who report using e-cigarettes on one or more days in the past 30 days from 22% (2018) to 19% by September 2025		
Partner Agencies: Englewood Community Coalition, Tobacco Free Partnership of Sarasota County, Sarasota County Schools, Drug Free Sarasota, North Port Drug Free Youth, GulfCoast South AHEC		
Data Source: https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2018/county-ppt.shtml		
Activity	Measure	Coordinating Agency

Priority Health Issue: Mental Health		
MH Goal 2: Increase community capacity to address mental health issues in adults and youth		
MH Objective 2.1: Reduce the number of suicides in adults age 50 and over from 74% (2018) to 70% by September 2025		
Partner Agencies: Friendship Centers, Centerstone, JFCS, Area Agency on Aging		
Data Source: http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116		

Priority Health Issue: Mental Health

MH Goal 2: Increase community capacity to address mental health issues in adults and youth

MH Objective 2.2: Increase the number of providers offering universal mental health screening by 10% by September 2025 from baseline to be established by September 2021.

Partner Agencies: Centerstone, JFCS, Sarasota Memorial Healthcare System

Data Source:

Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 1: Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
AC Objective 1.1: By September 2021, form baseline of the number of agencies identified and trained in social determinants of health/health equity and increase by 25% by September 2025		
Partner Agencies: CenterPlace Health, FDOH Sarasota, Sarasota County Government, Multicultural Health Institute		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 1: Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
AC Objective 1.2: By September 2025, increase the number of agencies that agree to consider health equity in policies through formalized processes by 3 from baseline to be established by September 2021		
Partner Agencies: CenterPlace Health, FDOH Sarasota, Sarasota County Government, Area Chambers of Commerce, Multicultural Health Institute		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 1: Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
AC Objective 1.3: Increase the number of agencies that serve as Department of Family and Children community partners by 15 by September 2025		
Partner Agencies: Sarasota County Libraries, Area Faith Based Organizations, Department of Children and Families		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 2: Increase access to and utilization of quality healthcare		
AC Objective 2.1: Increase the immunization levels in kindergarten students from 89.9% (2019) to 92% by September 2025		
Partner Agencies: Early Learning Coalition, CenterPlace Health, Sarasota County Schools, Healthy Sarasota County Childcare, Healthy Start Coalition, First 1000 Days, Sarasota Memorial Hospital, Manatee Rural Health		
Data Source: http://www.flhealthcharts.com/Charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=75		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 2: Increase access to and utilization of quality healthcare		
AC Objective 2.2: By September 2025, decrease the percent of community members who identify navigating care and resources as a barrier to prenatal care by 3% from baseline to be established by September 2021		
Partner Agencies: First 1000 Days, Healthy Start Coalition, Sarasota Memorial Hospital, CenterPlace Health		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 2: Increase access to and utilization of quality healthcare		
AC Objective 2.3: Decrease the number of emergency department visits due to falls in adults 65 and over by 5% from 6,645 in 2018 to 6,313 by September 2025		
Partner Agencies: Age Friendly Sarasota, Friendship Centers, Sarasota Memorial Hospital		
Data Source: http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/index.html#profiles		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 2: Increase access to and utilization of quality healthcare		
AC Objective 2.4: Increase the percent of adults ages 18-44 who visited a dentist or dental clinic in the past year from 45.7% (2016) to 47% by September 2025		
Partner Agencies: CenterPlace Health, Sarasota Memorial Hospital, Manatee Rural Health		
Data Source: http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=0097		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 2: Increase access to and utilization of quality healthcare		
AC Objective 2.5: Decrease the percent of employed adults ages 19-64 who have no health insurance from 19.5% (2018) to 17.7% by September 2025		
Partner Agencies: Sarasota County Libraries, Area Faith Based Organizations		
Data Source: http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CommunityCensusProfile&pcid=001		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care		
AC Goal 3: Increase percentage of residents who are at a healthy weight		
AC Objective 3.1: Decrease the percentage of adults who are overweight or obese from 58.5% (2016) to 55% by September 2025		
Partner Agencies: Healthy Weight Collaborative, Sarasota County Parks & Recreation, UF/IFAS Extension Sarasota, Sarasota Memorial Hospital, Healthy Sarasota County Work Sites, Area Chambers of Commerce		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Access to Care

AC Goal 3: Increase percentage of residents who are at a healthy weight

AC Objective 3.2: Increase the percentage of children at a healthy weight from 62% (2018) to 65% by September 2025

Partner Agencies: Healthy Sarasota, Sarasota County Schools, UF/IFAS Extension Sarasota, First 1000 Days, Sarasota Memorial Hospital, Healthy Start Coalition

Data Source: School Health Report at DOH-Sarasota

Activity	Measure	Coordinating Agency

Priority Health Issue: Environmental Health		
EH Goal 1: Increase quality of natural and built environments to promote health outcomes		
EH Objective 1.1: Community planning and land use design; walking, biking, public transportation will incorporate a Health Impact Assessment on at least 3 plans, policies, programs, projects, or proposals by June 2025		
Partner Agencies: Sarasota County Government, Keep Sarasota Beautiful, FDOH Sarasota Environmental Health, City of Venice, City of North Port, City of Sarasota		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Environmental Health		
EH Goal 1: Increase quality of natural and built environments to promote health outcomes		
EH Objective 1.2: Decrease the percentage of households that are paying 30% or more of income on housing from 53.6% (2019 ACS) to 51% by September 2025		
Partner Agencies: Suncoast Partnership, Sarasota County Housing Authority, Sarasota County Human Services		
Data Source: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP04&src=pt		
Activity	Measure	Coordinating Agency

Priority Health Issue: Environmental Health		
EH Goal 1: Increase quality of natural and built environments to promote health outcomes		
EH Objective 1.3: By June 2025, decrease the percent of residents who identify transportation as a barrier in Sarasota County by 5% from baseline established by September 2021.		
Partner Agencies: Sarasota County Area Transit		
Data Source:		
Activity	Measure	Coordinating Agency

Priority Health Issue: Environmental Health		
EH Goal 1: Increase quality of natural and built environments to promote health outcomes		
EH Objective 1.4: Decrease the number of emergency room visits due to asthma for Black residents in Sarasota County by 5% going from 238 (2018) to 226 by September 2025		
Partner Agencies: Multicultural Health Institute, Sarasota Memorial Hospital, American Heart Association, Housing Authority, Gulf Coast Community Foundation, Barancik Foundation		
Data Source: http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0718		
Activity	Measure	Coordinating Agency